

United States Bankruptcy Court for the:

Middle District of FloridaCase number (*If known*): _____ Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

Check if this is an amended filing

Official Form 101**Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

LUMARY

First name

Middle name

Santiago

Last name

Suffix (Sr., Jr, II, III)

About Debtor 2 (Spouse Only in a Joint Case):**Cesar**

First name

D

Middle name

Renna

Last name

Suffix (Sr., Jr, II, III)

2. All other names you have used in the last 8 years

Include your married or maiden names.

First name

Middle name

Last name

First name

Middle name

Last name

First name

First name

Middle name

Middle name

Last name

Last name

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)xxx - xx - 6 3 8 6

OR

9xx - xx - ____ - ____ - ____

xxx - xx - 0 7 7 8

OR

9xx - xx - ____ - ____ - ____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

Include trade names and *doing business as* names

 I have not used any business names or EINs.

Business name

Business name

EIN

EIN

About Debtor 2 (Spouse Only in a Joint Case): I have not used any business names or EINs.

Business name

Business name

EIN

EIN

5. Where you live**8412 Pamlico Street**

Number Street

Orlando, FL 32817

City

State

ZIP Code

Orange

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

If Debtor 2 lives at a different address:**8412 Pamlico St.**

Number Street

Orlando, FL 32817

City

State

ZIP Code

Orange

County

If Debtor 2's mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number Street

P.O. Box

City

State

ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain.
(See 28 U.S.C. § 1408)

Part 2: Tell the Court About Your Bankruptcy Case

7. The chapter of the Bankruptcy Code you are choosing to file under

Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form B2010)). Also, go to the top of page 1 and check the appropriate box.

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

8. How you will pay the fee

- I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay Your Filing Fee in Installments* (Official Form 103A).
- I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. Have you filed for bankruptcy within the last 8 years?

No.

Yes. District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY
District _____ When _____ Case number _____
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?

No.

Yes. Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship to you _____
District _____ When _____ Case number, if known _____
MM / DD / YYYY

11. Do you rent your residence?

No. Go to line 12.

Yes. Has your landlord obtained an eviction judgment against you?

No. Go to line 12.

Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

 No. Go to Part 4. Yes. Name and location of business

Name of business, if any

Number Street

City

State

ZIP Code

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

 No. Yes. What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property?

Number Street

City

State

ZIP Code

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):*You must check one:*

I received a briefing from an approved credit counseling agency within the 180 before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?
- 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- No. Go to line 16b.
 Yes. Go to line 17.
- 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- No. Go to line 16c.
 Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts.

17. Are you filing under Chapter 7?
- No. I am not filing under Chapter 7. Go to line 18.

Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?

Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?
 No
 Yes

18. How many creditors do you estimate that you owe?
- | | | | | | |
|--|---|--|---------------------------------------|--|---|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 50-99 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 5,001-10,000 | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,000-100,000 |
| <input type="checkbox"/> 100-199 | <input checked="" type="checkbox"/> 200-999 | <input type="checkbox"/> 10,001-25,000 | | <input type="checkbox"/> More than 100,000 | |
19. How much do you estimate your assets to be worth?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |
20. How much do you estimate your liabilities to be?
- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input checked="" type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Part 7: Sign Below

For you

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ LUMARY Santiago

LUMARY Santiago, Debtor 1

Executed on 09/17/2018

MM/ DD/ YYYY

/s/ Cesar D Renna

Cesar D Renna, Debtor 2

Executed on 09/17/2018

MM/ DD/ YYYY

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

X

/s/ Rachel Alvarez

Rachel Alvarez, Attorney

Date 09/17/2018

MM / DD / YYYY

Rachel Alvarez

Printed name

Rachel Alvarez

Firm name

1035 S Semoran Blvd Ste 2-1021F

Number Street

C/o The alvarez law firm

Winter Park

City

FL

State **32792** ZIP Code

Contact phone (407) 970-2954

Email address rma@rachelalvarez.com

Bar number _____

State _____

**United States Bankruptcy Court
Middle District of Florida
Orlando Division**

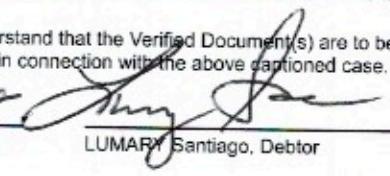
In re Santiago, LUMARY and Renna, Cesar D
Debtor(s)

Case No. _____
Chapter. 7

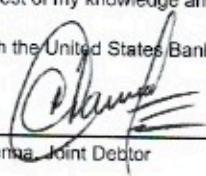
DECLARATION UNDER PENALTY OF PERJURY FOR ELECTRONIC FILING

The undersigned, Santiago, LUMARY, declares under penalty of perjury that:

1. I have signed the original(s) of the document(s) identified below under penalty of perjury ("Verified Document(s)").
2. The information contained in the Verified Document(s) is true and correct to the best of my knowledge and belief.
3. I understand that the Verified Document(s) are to be filed in electronic form with the United States Bankruptcy Court in connection with the above captioned case.

9/13/18 
Executed on (Date)

LUMARY Santiago, Debtor


Cesar D Renna, Joint Debtor

Verified Document(s):

Full Descriptive Title

Date Executed

Fill in this information to identify your case and this filing:

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number			

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1 8412 Pamlico St

Street address, if available, or other description

Orlando, FL 32817

City State ZIP Code

Orange

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Source of Value:

Zillow

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$220,783.00

\$220,783.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

If you own or have more than one, list here:

1.2 Vacant Land

Street address, if available, or other description

Parcel Id#0340508000

Bronson, FL 32621

City State ZIP Code

Levy

County

What is the property? Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other _____

Who has an interest in the property? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:
no address given

Source of Value:
levy county

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$3,575.00

\$3,575.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property (see instructions)

Santiago
Cesar D Renna
First Name Middle Name Last Name

Case number (if known) _____

1.3 **vacant land**

Street address, if available, or other description

Parcel ID#0340507900

branson , FL 32621

City State ZIP Code

County

What is the property? Check all that apply.

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative
 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D:
Creditors Who Have Claims Secured by Property.

Current value of the entire property?

\$3,375.00

Current value of the portion you own?

\$3,375.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Fee Simple

Check if this is community property
(see instructions)

Other information you wish to add about this item, such as local property identification number:

no address

Source of Value:
levy county appraisers

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....



\$227,733.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make:

BMW**Who has an interest in the property?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

323i

Year:

1999

Approximate mileage:

116000

Check if this is community property (see instructions)

Current value of the entire property?

\$560.53

Current value of the portion you own?

\$560.53

Other information:

M.V. \$2,187 - repairs needed \$1626.47
VIN: WBAJ733XXEA19883

If you own or have more than one, list here:

3.2 Make:

Honda**Who has an interest in the property?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

Odyssey

Year:

2007

Approximate mileage:

Check if this is community property (see instructions)

Current value of the entire property?

\$1,080.01

Current value of the portion you own?

\$1,080.01

Other information:

M.V. \$4,900 - repairs needed \$3819.99
VIN: 5FNRL38477B034360

3.3 Make:

Ford**Who has an interest in the property?** Check one.

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Model:

F350

Year:

2000

Approximate mileage:

193470

Check if this is community property (see instructions)

Current value of the entire property?

\$651.86

Current value of the portion you own?

\$651.86

Other information:

Repairs needed \$2373.14 (m.v. \$3025.00)
VIN: 1FTSW31S6YEB50122

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$2,292.40

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No
 Yes. Describe.....

Stove, refrigerator, washer/dryer, kitchen appliances, dishes, pots/pans, lighting & decor, living room furniture, dining room furniture, bedroom furniture, desk/office furniture, other furniture, books, tools, painting, yard tools, lawnmower

\$1,925.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No
 Yes. Describe.....

Televisions, VCR/DVD players, stereo equipment, home theater, computers, computer printers, cell phones

\$1,130.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No
 Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No
 Yes. Describe.....

Instruments

\$200.00

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No
 Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No
 Yes. Describe.....

Clothing

\$100.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No
 Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

--	--

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Describe.....

--	--

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

for Part 3. Write that number here..... →

\$3,355.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No

Yes.....

Cash.....

--

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No

Yes.....

Institution name:

17.1. Checking account: Chase Bank, 9687 \$68.22

17.2. Checking account: Chase Bank, 7059 \$113.72

17.3. Savings account: Fairwinds Credit Union, 8598 \$300.53

17.4. Savings account: Fairwind Credit Union \$300.53

17.5. Certificates of deposit: _____

17.6. Other financial account: Chase Bank, 7135 Account for Son- Custodial Account \$25.94

17.7. Other financial account: _____

17.8. Other financial account: _____

17.9. Other financial account: _____

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.

Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them.....

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.....

Institution name or individual:

Other: Aloma Square WP Business- In landlord's possession \$5,870.18

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them....

--	--

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No

Yes. Give specific information about them....

--	--

27. Licenses, franchises, and other general intangibles

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No

Yes. Give specific information about them....

--	--

Money or property owed to you?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

28. Tax refunds owed to you

No

Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

--

Federal:

State:

Local:

--

29. Family support

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No

Yes. Give specific information.....

--

Alimony:

Maintenance:

Support:

Divorce settlement:

Property settlement:

--

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

Yes. Give specific information.....

--

--

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

Yes. Name the insurance company
of each policy and list its value....

Company name: Beneficiary:
AGLA Term Life Policy

Surrender or refund
value:

unknown

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

Yes. Give specific information.....

--	--

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

Yes. Describe each claim.....

--	--

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights
to set off claims

No

Yes. Describe each claim.....

--	--

35. Any financial assets you did not already list

No

Yes. Give specific information.....

--	--

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached
for Part 4. Write that number here..... →

	\$6,679.12
--	------------

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

Yes. Go to line 38.

Current value of the
portion you own?
Do not deduct secured
claims or exemptions.

38. Accounts receivable or commissions you already earned

No

Yes. Describe.....

--	--

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

No

Yes. Describe.....

--	--

40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade

No

Yes. Describe.....

--	--

41. Inventory

No

Yes. Describe.....

--	--

42. Interests in partnerships or joint ventures

No

Yes. Describe.....

Name of entity:

% of ownership:

Beyond Our Dreams Daycare, LLC 100 % unknown

43. Customer lists, mailing lists, or other compilations

No

Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))?

No

Yes. Describe.....

--	--

44. Any business-related property you did not already list

No

Yes. Give specific information.....

business 2960 \$663.19

45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached

for Part 5. Write that number here..... →

--

\$663.19

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Yes. Go to line 47.

Current value of the portion you own?
Do not deduct secured claims or exemptions.

47. Farm animals

Examples: Livestock, poultry, farm-raised fish

No
 Yes.....

--	--

48. Crops—either growing or harvested

No
 Yes. Give specific information.....

--	--

49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade

No
 Yes.....

--	--

50. Farm and fishing supplies, chemicals, and feed

No
 Yes.....

--	--

51. Any farm- and commercial fishing-related property you did not already list

No
 Yes. Give specific information.....

--	--

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here..... →

\$0.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here..... →

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2..... →

\$227,733.00

56. Part 2: Total vehicles, line 5 \$2,292.40

57. Part 3: Total personal and household items, line 15 \$3,355.00

58. Part 4: Total financial assets, line 36 \$6,679.12

59. Part 5: Total business-related property, line 45 \$663.19

60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

61. Part 7: Total other property not listed, line 54 + \$0.00

62. Total personal property. Add lines 56 through 61..... \$12,989.71 Copy personal property total → + \$12,989.71

63. Total of all property on Schedule A/B. Add line 55 + line 62..... \$240,722.71

Debtor 1
Debtor 2

LUMARY
Cesar D Santiago
First Name Middle Name Renna
Last Name

Case number (if known) _____

SCHEDULE A/B: PROPERTY

Continuation Page

17. Deposits of money

Checking account:	<u>Fairwinds Credit Union xxxx4224</u>	<u>\$0.00</u>
-------------------	--	---------------

Fill in this information to identify your case:

Debtor 1	LUMARY		Santiago
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1. You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: 8412 Pamlico St Orlando, FL 32817	\$220,783.00	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X § 4(a)(1); Fla. Stat. Ann. §§ 222.01..02
Line from Schedule A/B: 1.1			
Brief description: 1999 BMW 323i VIN: WBAJ733XXEA19883 M.V. \$2,187- repairs needed \$1626.47	\$560.53	<input checked="" type="checkbox"/> \$560.53 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1)
Line from Schedule A/B: 3.1			
<p>3. Are you claiming a homestead exemption of more than \$160,375?</p> <p>(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Debtor 1
Debtor 2

LUMARY
Cesar **D**
First Name Middle Name Last Name

Santiago
Renna

Case number (*if known*) _____

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 2007 Honda Odyssey VIN: 5FNRL38477B034360 M.V. \$4,900 - repairs needed \$3819.99	\$1,080.01	<input checked="" type="checkbox"/> \$0.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1) _____ _____
Line from Schedule A/B: 3.2			
Brief description: 2000 Ford F350 VIN: 1FTSW31S6YEB50122 Repairs needed \$2373.14 (m.v. \$3025.00)	\$651.86	<input checked="" type="checkbox"/> \$651.86 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Stat. Ann. § 222.25(1) _____ _____
Line from Schedule A/B: 3.3			
Brief description: Televisions, VCR/DVD players, stereo equipment, home theater, computers, computer printers, cell phones	\$1,130.00	<input checked="" type="checkbox"/> \$1,130.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) _____ _____
Line from Schedule A/B: 7			
Brief description: Chase Bank, 9687 Checking account	\$68.22	<input checked="" type="checkbox"/> \$68.22 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) _____ _____
Line from Schedule A/B: 17			
Brief description: Chase Bank, 7135 Account for Son- Custodial Account Other financial account	\$25.94	<input checked="" type="checkbox"/> \$25.94 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) _____ _____
Line from Schedule A/B: 17			
Brief description: Fairwinds Credit Union, 8598 Savings account	\$300.53	<input checked="" type="checkbox"/> \$300.53 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) _____ _____
Line from Schedule A/B: 17			
Brief description: Chase Bank, 7059 Checking account	\$113.72	<input checked="" type="checkbox"/> \$113.72 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Fla. Const. art. X, § 4(a)(2) _____ _____
Line from Schedule A/B: 17			

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. **List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion of any
2.1	Ocwen Loan Servicing, Llc Creditor's Name 1661 Worthington Rd Number Street West Palm Beach, FL 33409 City State ZIP Code	Describe the property that secures the claim: 8412 Pamlico St Orlando, FL 32817	\$224,842.00	\$220,783.00 \$4,059.00

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Last 4 digits of account number 2 7 7 7

Add the dollar value of your entries in Column A on this page. Write that number here: **\$224,842.00**

Part 1:	Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.2 _____ Creditor's Name Number Street City State ZIP Code		Describe the property that secures the claim: <div style="border: 1px dotted black; height: 40px; width: 100%;"></div> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Who owes the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt		Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____		
Date debt was incurred		Last 4 digits of account number _____		
Add the dollar value of your entries in Column A on this page. Write that number here:		\$0.00		
If this is the last page of your form, add the dollar value totals from all pages. Write that number here:		\$224,842.00		

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Hold Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1 **IRS**

Priority Creditor's Name
2970 Market St.
Number Street
Philadelphia, PA 19104
City State ZIP Code

Who incurred the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?
 No
 Yes

Last 4 digits of account number 0778

When was the debt incurred? 2013

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Type of PRIORITY unsecured claim:

- Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Total claim	Priority amount	Nonpriority amount
<u>\$4,200.00</u>	<u>\$4,200.00</u>	<u>\$0.00</u>

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Alphera Financial Serv Nonpriority Creditor's Name Po Box 3608 Number Street Dublin, OH 43016 City State ZIP Code	Last 4 digits of account number <u>3926</u> <u>\$0.00</u> When was the debt incurred? <u>08/01/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
4.2	Capital One/Dress Barn Nonpriority Creditor's Name 15000 Capital One Dr Number Street Richmond, VA 23238 City State ZIP Code	Last 4 digits of account number <u>2637</u> <u>\$0.00</u> When was the debt incurred? <u>06/01/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify
4.3	Chase Nonpriority Creditor's Name cardmember services PO BOX 1423 Number Street Charlotte, NC 28201 City State ZIP Code	Last 4 digits of account number <u>0789</u> <u>\$966.66</u> When was the debt incurred? _____ As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.4	Chase Card Services Nonpriority Creditor's Name Po Box 15298 Number Street Wilmington, DE 19850 City State ZIP Code	Last 4 digits of account number <u>2673</u> When was the debt incurred? <u>02/01/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.5	Citibank North America Nonpriority Creditor's Name Po Box 6497 Number Street Sioux Falls, SD 57117 City State ZIP Code	Last 4 digits of account number <u>0614</u> When was the debt incurred? <u>02/01/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$2,903.00</u>
Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
4.6	Citibank/Best Buy Nonpriority Creditor's Name 50 Northwest Point Road Number Street Elk Grove Village, IL 60007 City State ZIP Code	Last 4 digits of account number <u>5040</u> When was the debt incurred? <u>02/01/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.7	Citibank/The Home Depot Nonpriority Creditor's Name <u>Po Box 6497</u> Number Street <u>Sioux Falls, SD 57117</u> City State ZIP Code	Last 4 digits of account number <u>2570</u> When was the debt incurred? <u>05/01/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.8	Citicards Nonpriority Creditor's Name <u>Po Box 6241</u> Number Street <u>Sioux Falls, SD 57117</u> City State ZIP Code	Last 4 digits of account number <u>7294</u> When was the debt incurred? <u>04/15/2016</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.9	Comenity Bank/Lane Bryant Nonpriority Creditor's Name <u>Po Box 182789</u> Number Street <u>Columbus, OH 43218</u> City State ZIP Code	Last 4 digits of account number <u>8178</u> When was the debt incurred? <u>07/01/2010</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.10	Comenity Bank/Lane Bryant Nonpriority Creditor's Name Po Box 182789 Number Street Columbus, OH 43218 City State ZIP Code	Last 4 digits of account number <u>4649</u> When was the debt incurred? <u>09/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.11	Comenity Bank/TSA Nonpriority Creditor's Name Po Box 182789 Number Street Columbus, OH 43218 City State ZIP Code	Last 4 digits of account number <u>0058</u> When was the debt incurred? <u>08/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.12	Comenity Bank/Victoria Secret Nonpriority Creditor's Name Po Box 182789 Number Street Columbus, OH 43218 City State ZIP Code	Last 4 digits of account number <u>2743</u> When was the debt incurred? <u>06/01/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.13	Credit First National Assoc Nonpriority Creditor's Name 6275 Eastland Rd Number Street Brookpark, OH 44142 City State ZIP Code	Last 4 digits of account number <u>0795</u> When was the debt incurred? <u>04/01/2014</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.14	Fairwinds Credit Union Nonpriority Creditor's Name 135 W Central Blvd Number Street Orlando, FL 32801 City State ZIP Code	Last 4 digits of account number <u>9496</u> When was the debt incurred? <u>09/01/2012</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.15	First Premier Bank Nonpriority Creditor's Name 3820 N Louise Ave Number Street Sioux Falls, SD 57107 City State ZIP Code	Last 4 digits of account number <u>5058</u> When was the debt incurred? <u>12/19/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.16	<p>Hart Properties II, Ltd. _____</p> <p>Nonpriority Creditor's Name</p> <p>noble management company _____</p> <p>4280 Professional Center Drive 100 _____</p> <p>Number Street</p> <p>Palm Beach Gardens, FL 33410 _____</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Remarks: business lease Personally guaranteed</p>		
	<p>Last 4 digits of account number _____</p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Personal Guarantee on Lease</p>	unknown	\$0.00
4.17	<p>Kohls/Capital One _____</p> <p>Nonpriority Creditor's Name</p> <p>N56 W 17000 Ridgewood Dr _____</p> <p>Number Street</p> <p>Menomonee Falls, WI 53051 _____</p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>		
	<p>Last 4 digits of account number 9918 _____</p> <p>When was the debt incurred? 12/01/2013 _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify</p>	\$0.00	

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.18	<p>Kohls/Capital One Nonpriority Creditor's Name N56 W 17000 Ridgewood Dr Number Street Menomonee Falls, WI 53051 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7236</u></p> <p>When was the debt incurred? <u>06/01/2010</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify</p>	\$0.00
4.19	<p>Marlin Leasing Corporation Nonpriority Creditor's Name billing department 11218 Lokanotos Trail Number Street Orlando, FL 32817 City State ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: This is a business debt in the name of the business.</p>	<p>Last 4 digits of account number <u>9894</u></p> <p>When was the debt incurred? <u>08/17/2018</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Personal Guarantee</p>	\$3,200.00

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

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Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.20	Orlando Health-Winnie Palmer Hospital Nonpriority Creditor's Name Billing 83 West Miller Street Number Street Orlando, FL 32806 City State ZIP Code	Last 4 digits of account number <u>2603</u> When was the debt incurred? <u>08/08/2018</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify medical bill	<u>\$541.96</u>
4.21	Real Time Resolutions Nonpriority Creditor's Name 1525 S Beltline Number Street Coppell, TX 75019 City State ZIP Code	Last 4 digits of account number <u>7247</u> When was the debt incurred? <u>12/01/2005</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>(\$1.00)</u>
4.22	Syncb/mohawk Nonpriority Creditor's Name C/o Po Box 965036 Number Street Orlando, FL 32896 City State ZIP Code	Last 4 digits of account number <u>9602</u> When was the debt incurred? <u>04/18/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.23	Syncb/Music Nonpriority Creditor's Name <u>950 Forrer Blvd</u> Number Street <u>Kettering, OH 45420</u> City State ZIP Code	Last 4 digits of account number <u>7283</u> When was the debt incurred? <u>12/07/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$0.00
4.24	Synchrony Bank/ JC Penneys Nonpriority Creditor's Name <u>Po Box 965007</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>0026</u> When was the debt incurred? <u>04/01/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$1,640.00
4.25	Synchrony Bank/Care Credit Nonpriority Creditor's Name <u>950 Forrer Blvd</u> Number Street <u>Kettering, OH 45420</u> City State ZIP Code	Last 4 digits of account number <u>1477</u> When was the debt incurred? <u>02/01/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$0.00

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.26	Synchrony Bank/Lowes Nonpriority Creditor's Name <u>Po Box 956005</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>3320</u> When was the debt incurred? <u>05/01/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.27	Synchrony Bank/Sams Nonpriority Creditor's Name <u>Po Box 965005</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>2357</u> When was the debt incurred? <u>04/01/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$2,486.00</u>
4.28	Synchrony Bank/Sams Nonpriority Creditor's Name <u>Po Box 965005</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>5058</u> When was the debt incurred? <u>04/15/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.29	Synchrony Bank/Sams Nonpriority Creditor's Name <u>Po Box 965005</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>5720</u> When was the debt incurred? <u>04/10/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.30	Synchrony Bank/Sams Nonpriority Creditor's Name <u>Po Box 965005</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>5765</u> When was the debt incurred? <u>04/10/2008</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.31	Synchrony Bank/Sams Club Nonpriority Creditor's Name <u>Po Box 965005</u> Number Street <u>Orlando, FL 32896</u> City State ZIP Code	Last 4 digits of account number <u>1040</u> When was the debt incurred? <u>01/01/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input checked="" type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$6,020.00</u>

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.32	Synchrony Bank>Select Comfort Nonpriority Creditor's Name C/o Po Box 965036 Number Street Orlando, FL 32896 City State ZIP Code	Last 4 digits of account number <u>7743</u> When was the debt incurred? <u>04/10/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.33	Synchrony Bank/TJX Nonpriority Creditor's Name Po Box 965015 Number Street Orlando, FL 32896 City State ZIP Code	Last 4 digits of account number <u>0574</u> When was the debt incurred? <u>03/20/2013</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$0.00</u>
4.34	Synchrony Bank/Walmart Nonpriority Creditor's Name Po Box 965024 Number Street Orlando, FL 32896 City State ZIP Code	Last 4 digits of account number <u>8472</u> When was the debt incurred? <u>10/01/2017</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	<u>\$2,534.00</u>

Debtor 1
Debtor 2LUMARY
CesarDSantiago
Renna

First Name

Middle Name

Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.35	Synchrony/Ashley Furniture Homestore Nonpriority Creditor's Name <u>950 Forrer Blvd</u> Number Street <u>Kettering, OH 45420</u> City State ZIP Code	Last 4 digits of account number <u>6837</u> When was the debt incurred? <u>05/01/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$5,760.00
4.36	Target Nonpriority Creditor's Name <u>Po Box 673</u> Number Street <u>Minneapolis, MN 55440</u> City State ZIP Code	Last 4 digits of account number <u>3901</u> When was the debt incurred? <u>05/01/2006</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$0.00
4.37	Visa Dept Store National Bank/Macy's Nonpriority Creditor's Name <u>Po Box 8218</u> Number Street <u>Mason, OH 45040</u> City State ZIP Code	Last 4 digits of account number <u>3560</u> When was the debt incurred? <u>08/01/2015</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify	\$0.00

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
	Last Name

Case number (if known) _____

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.38	Visa Dept Store National Bank/Macy's Nonpriority Creditor's Name Po Box 8218 Number Street Mason, OH 45040 City State ZIP Code	Last 4 digits of account number <u>5811</u> When was the debt incurred? <u>07/04/2011</u> As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00
Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____			

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
	Last Name

Case number (if known) _____

Part 4: Add the Amounts for Each Type of Unsecured Claim

- 6.** Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total claims from Part 1	Total claim	
	6a. Domestic support obligations	6a. _____ \$0.00
	6b. Taxes and certain other debts you owe the government	6b. _____ \$4,200.00
	6c. Claims for death or personal injury while you were intoxicated	6c. _____ \$0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. + _____ \$0.00
	6e. Total. Add lines 6a through 6d.	6e. _____ \$4,200.00

Total claims from Part 2	Total claim	
	6f. Student loans	6f. _____ \$0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. _____ \$0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. _____ \$0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. + _____ \$26,050.62
	6j. Total. Add lines 6f through 6i.	6j. _____ \$26,050.62

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for	
2.1	Aloma Square WP Name 6525 3rd St #409 Number Street Rockledge, FL 32955 City State ZIP Code		6820 Aloma Ave.	
2.2	Name Number Street City State ZIP Code			
2.3	Name Number Street City State ZIP Code			
2.4	Name Number Street City State ZIP Code			
2.5	Name Number Street City State ZIP Code			

Fill in this information to identify your case:

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.

Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No

Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name _____

Number Street _____

City State ZIP Code _____

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

Number Street _____

City State ZIP Code _____

Schedule D, line _____

Schedule E/F, line _____

Schedule G, line _____

Fill in this information to identify your case:

Debtor 1	LUMARY	Santiago
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	Cesar	D
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)	<hr/>	

Check if this is:

- An amended filing
 - A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not Employed
Occupation	Owner.operator	maintenance
Employer's name	Beyond Our Dreams Daycare	Boardwalk At Appleyard LLP
Employer's address	6820 Aloma Avenue Number Street	3600 NW 43rd D-4 Number Street
How long employed there?	Winter Park, FL 32792 City State Zip Code	Gainesville, FL 32606 City State Zip Code
	7 years	2 months

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1	For Debtor 2 or non-filing spouse
<u>\$1,576.67</u>	<u>\$2,852.08</u>
+ <u>\$0.00</u>	+ <u>\$239.42</u>
<u>\$1,576.67</u>	<u>\$3,091.50</u>

LUMARY Santiago
Cesar D Renna
First Name Middle Name Last Name

Case number (if known) _____

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4. \$1,576.67	\$3,091.50
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$120.62	\$270.56
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$25.35	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$145.97	\$270.56
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$1,430.70	\$2,820.94
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$1,765.88	\$0.00
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$1,765.88	\$0.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$3,196.58	+ \$2,820.94 = \$6,017.52
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$6,017.52	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?	<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____	

8a. Attached Statement

Business Income

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1 Gross Monthly Income: \$16,347.65

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2 Ordinary and necessary expense	<u>\$14,581.77</u>
3 Net Employee Payroll (Other than debtor)	<u> </u>
4 Inventory Purchases (Including raw materials)	<u> </u>
5 Purchase of Feed/Fertilizer/Seed/Spray	<u> </u>
6 Rent (Other than debtor's principal residence)	<u> </u>
7 Utilities	<u> </u>
8 Office Expenses and Supplies	<u> </u>
9 Repairs and Maintenance	<u> </u>
10 Vehicle Expenses	<u> </u>
11 Travel and Entertainment	<u> </u>
12 Equipment Rental and Leases	<u> </u>
13 Legal/Accounting/Other Professional Fees	<u> </u>
14 Insurance	<u> </u>
15 Employee Benefits (e.g., pension, medical, etc.)	<u> </u>
16 Payroll Taxes	<u> </u>
17 Unemployment Taxes	<u> </u>
18 Worker's Compensation	<u> </u>
19 Other Taxes	<u> </u>
20 Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	<u>\$0.00</u>
21 Other	<u>\$0.00</u>
22 TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$14,581.77</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23 AVERAGE NET MONTHLY INCOME(Subtract item 23 from item 1) \$1,765.88

Fill in this information to identify your case:

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is:

 An amended filing A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106J**Schedule J: Your Expenses**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household**1. Is this a joint case?** No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.**2. Do you have dependents?** No Yes. Fill out this information for each dependent.....

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2**Dependent's age****Does dependent live with you?**

Child _____ 19 _____

 No. Yes.

Child _____ 13 _____

 No. Yes.

_____ _____

 No Yes No Yes No Yes**3. Do your expenses include expenses of people other than yourself and your dependents?** No Yes**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. _____ \$1,347.00

If not included in line 4:

4a. Real estate taxes

4a. _____ \$0.00

4b. Property, homeowner's, or renter's insurance

4b. _____ \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. _____ \$25.00

4d. Homeowner's association or condominium dues

4d. _____ \$0.00

		Your expenses
5.	Additional mortgage payments for your residence , such as home equity loans	5. _____
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$300.00
6b.	Water, sewer, garbage collection	6b. _____ \$69.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$204.00
6d.	Other. Specify: _____	6d. _____ \$0.00
7.	Food and housekeeping supplies	7. _____ \$500.00
8.	Childcare and children's education costs	8. _____ \$0.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$50.00
10.	Personal care products and services	10. _____ \$25.00
11.	Medical and dental expenses	11. _____ \$129.45
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$250.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____ \$0.00
14.	Charitable contributions and religious donations	14. _____ \$160.00
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$66.32
15b.	Health insurance	15b. _____ \$129.45
15c.	Vehicle insurance	15c. _____ \$340.02
15d.	Other insurance. Specify: _____	15d. _____ \$0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: IRS _____	16. _____ \$400.00
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1	17a. _____
17b.	Car payments for Vehicle 2	17b. _____
17c.	Other. Specify: _____	17c. _____
17d.	Other. Specify: _____	17d. _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. _____ \$0.00
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____ \$0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____ \$0.00
20b.	Real estate taxes	20b. _____ \$0.00
20c.	Property, homeowner's, or renter's insurance	20c. _____ \$0.00
20d.	Maintenance, repair, and upkeep expenses	20d. _____ \$0.00
20e.	Homeowner's association or condominium dues	20e. _____ \$0.00

21. Other. Specify: Terminix School _____

21. + \$48.00

22. Calculate your monthly expenses.

22a. Add lines 4 through 21.

22a. \$4,043.24

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$4,043.24

23. Calculate your monthly net income.

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$6,017.52

23b. Copy your monthly expenses from line 22c above.

23b. - \$4,043.24

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. \$1,974.28

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

None

Yes.

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new **Summary** and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets
		Value of what you own
1. Schedule A/B: Property (Official Form 106A/B)		
1a.	Copy line 55, Total real estate, from <i>Schedule A/B</i>	\$227,733.00
1b.	Copy line 62, Total personal property, from <i>Schedule A/B</i>	\$12,989.71
1c.	Copy line 63, Total of all property on <i>Schedule A/B</i>	\$240,722.71

Part 2: Summarize Your Liabilities

		Your liabilities
		Amount you owe
2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)		
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i>	\$224,842.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)		
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$4,200.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	+ \$26,050.62
Your total liabilities		\$255,092.62

Part 3: Summarize Your Income and Expenses

4. Schedule I: Your Income (Official Form 106I)	
Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$6,017.52
5. Schedule J: Your Expenses (Official Form 106J)	
Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$4,043.24

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
D	Last Name

Case number (if known) _____

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- Yes

7. What kind of debt do you have?

- Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

8. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**Total claim****From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) _____

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) _____

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) _____

9d. Student loans. (Copy line 6f.) _____

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) _____

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + _____

9g. **Total.** Add lines 9a through 9f. _____

Debtor 1	LUMARY	Santiago
	First Name	Middle Name
Debtor 2 (Spouse, if filing)	Cesar	D
	First Name	Middle Name
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____ Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)*.

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ LUMARY Santiago
LUMARY Santiago, Debtor 1, Debtor 1

X /s/ Cesar D Renna
Cesar D Renna, Debtor 2

Date 09/17/2018
MM/ DD/ YYYY

Date 09/17/2018
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	LUMARY		Santiago
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before

1. What is your current marital status?

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No

Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code
Number Street	From _____ To _____	Number Street	From _____ To _____
City	State ZIP Code	City	State ZIP Code

Debtor 1
Debtor 2

LUMARY	D	Santiago
Cesar		Renna
First Name	Middle Name	Last Name

Case number (if known) _____

3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

 No Yes. Make sure you fill out *Schedule H: Your Codebtors* (Official Form 106H).

Part 2: Explain the Sources of Your Income

4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income	Gross Income (before deductions and exclusions)	Sources of income	Gross Income (before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$8,580.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$5,283.57
<input checked="" type="checkbox"/> Operating a business	\$10,595.28	<input type="checkbox"/> Operating a business	

For last calendar year:

(January 1 to December 31, 2017)
YYYY

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$20,713.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

For the calendar year before that:

(January 1 to December 31, 2016)
YYYY

<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$23,980.00	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips	\$0.00
<input type="checkbox"/> Operating a business		<input type="checkbox"/> Operating a business	

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

 No Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income	Gross income from each source (before deductions and exclusions)	Sources of income	Gross Income from each source (before deductions and exclusions)

From January 1 of current year until the date you filed for bankruptcy:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Debtor 1
Debtor 2

LUMARY	Cesar	D	Santiago
First Name	Middle Name	Last Name	Renna

Case number (if known) _____

For last calendar year:(January 1 to December 31, 2017)
YYYY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For the calendar year before that:(January 1 to December 31, 2016)
YYYY

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

 No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

 No. Go to line 7. Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
------------------	-------------------	----------------------	-------------------------

Ocwen Loan Servicing, LLC
Creditor's Name

6/2018

\$6,513.00

 Mortgage Car Credit card Loan repayment Suppliers or vendors Other _____1661 Worthington Rd.
Number Street

5/2018

West Palm Beach, FL 33409
City State ZIP Code

4/2018

IRS
Creditor's Name

6/2018

\$1,200.00

\$4,200.00

 Mortgage Car Credit card Loan repayment Suppliers or vendors Other Taxes _____2970 Market St.
Number Street

5/2018

Philadelphia, PA 19104
City State ZIP Code

4/2018

Debtor 1
Debtor 2

LUMARY	Cesar	Santiago
	D	Renna
First Name	Middle Name	Last Name

Case number (if known) _____

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

 No Yes. List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City State ZIP Code	_____	_____	_____	_____
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City State ZIP Code	_____	_____	_____	_____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

 No Yes. List all payments that benefited an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name	_____	_____	_____	_____
Number Street	_____	_____	_____	_____
City State ZIP Code	_____	_____	_____	_____

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
D	Last Name

Case number (if known) _____

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name				
Number Street				
City State ZIP Code				

Part 4: Identify Legal Actions, Repossessions, and Foreclosures**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

 No Yes. Fill in the details.

	Nature of the case	Court or agency	Status of the case
Case title _____		Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		Number Street _____	
		City State ZIP Code _____	
Case title _____		Court Name _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____		Number Street _____	
		City State ZIP Code _____	

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

 No. Go to line 11. Yes. Fill in the information below.**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?** No Yes. Fill in the details.

Debtor 1
Debtor 2**LUMARY****Cesar****D****Santiago
Renna**

First Name

Middle Name

Last Name

Case number (if known) _____

Creditor's Name

Number Street

City

State ZIP Code

Describe the action the creditor took**Date action was taken****Amount**

Last 4 digits of account number: XXXX- _____

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

 No Yes**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

 No Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City State ZIP Code			
Person's relationship to you			

Debtor 1
Debtor 2

LUMARY	Santiago
<u>Cesar</u>	<u>Renna</u>
First Name	Middle Name
	Last Name

Case number (if known) _____

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			
Number Street			
City	State	ZIP Code	
Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name			
Number Street			
City	State	ZIP Code	

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?** No Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.			

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
	Last Name

Case number (if known) _____

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

 No Yes. Fill in the details.

<p>The Alvarez Law Firm Person Who Was Paid <u>1035 S. Semoran Blvd. Ste 2-1021F</u> Number Street</p> <hr/> <p>Winter Park, FL 32792 City State ZIP Code</p> <hr/> <p>Email or website address</p> <hr/> <p>Person Who Made the Payment, if Not You</p>	<p>Description and value of any property transferred</p> <p>Attorney fees</p>	<p>Date payment or transfer was made</p> <p>6/27/2018</p>	<p>Amount of payment</p> <p>\$2,885.00</p>
<p>Person Who Was Paid Number Street</p> <hr/> <p>City State ZIP Code</p> <hr/> <p>Email or website address</p> <hr/> <p>Person Who Made the Payment, if Not You</p>	<p>Description and value of any property transferred</p>	<p>Date payment or transfer was made</p>	<p>Amount of payment</p>

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

 No Yes. Fill in the details.

Debtor 1
Debtor 2**LUMARY****Cesar****D****Santiago
Renna**

First Name

Middle Name

Last Name

Case number (if known) _____

Person Who Was Paid

Number Street

City State ZIP Code

Description and value of any property transferred**Date payment or
transfer was made****Amount of payment****18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).
Do not include gifts and transfers that you have already listed on this statement.

 No Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
Person Who Received Transfer			
Number Street			
City State ZIP Code			

Person's relationship to you _____

Person Who Received Transfer		
Number Street		
City State ZIP Code		

Person's relationship to you _____

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details.

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
D	Last Name

Case number (if known) _____

Name of trust _____

Description and value of the property transferred		Date transfer was made

Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

 No Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	--------------------------------------	---	--

Name of Financial Institution _____

XXXX- _____

 Checking Savings Money market Brokerage Other _____

Number Street _____

City State ZIP Code _____

Name of Financial Institution _____

XXXX- _____

 Checking Savings Money market Brokerage Other _____

Number Street _____

City State ZIP Code _____

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables? No Yes. Fill in the details.

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
D	Last Name

Case number (if known) _____

Who else had access to it?			Describe the contents	Do you still have it?
<p>Chase Bank Name of Financial Institution</p> <p>7315 University Blvd Number Street</p> <p>Winter Park, FL 32792 City State ZIP Code</p>			Empty	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details.

Who else has or had access to it?			Describe the contents	Do you still have it?
<p>Name of Storage Facility</p> <p>Number Street</p> <p>City State ZIP Code</p>				<input type="checkbox"/> No <input type="checkbox"/> Yes

Part 9: Identify Property You Hold or Control for Someone Else**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.** No Yes. Fill in the details.

Where is the property?		Describe the property	Value
<p>Owner's Name</p> <p>Number Street</p> <p>City State ZIP Code</p>			

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
D	Last Name

Case number (if known) _____

Part 10: Give Details About Environmental Information**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?** No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

25. Have you notified any governmental unit of any release of hazardous material? No Yes. Fill in the details.

Governmental unit	Environmental law, if you know it	Date of notice
Name of site	Governmental unit	
Number Street	Number Street	
City	State ZIP Code	
City	State ZIP Code	

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details.

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
D	Last Name

Case number (if known) _____

Court or agency	Nature of the case	Status of the case
Case title _____ Court Name _____	Number Street _____	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number _____ City _____ State _____ ZIP Code _____		

Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation
 No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Beyond Our Dreams Daycare Name _____ 6820 Aloma Avenue Number Street _____ Winter Park, FL 32792 City _____ State _____ ZIP Code _____	Describe the nature of the business Daycare	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>4</u> <u>5</u> - <u>4</u> <u>8</u> <u>7</u> <u>5</u> <u>9</u> <u>9</u> <u>1</u>
	Name of accountant or bookkeeper	Dates business existed From <u>2013</u> To <u>Present</u>
Beyond Our Dreams Daycare Name _____ 6820 Aloma Avenue Number Street _____ Winter Park, FL 32792 City _____ State _____ ZIP Code _____	Describe the nature of the business Daycare	Employer Identification number Do not include Social Security number or ITIN. EIN: <u>4</u> <u>5</u> - <u>4</u> <u>8</u> <u>7</u> <u>5</u> <u>9</u> <u>9</u> <u>1</u>
	Name of accountant or bookkeeper	Dates business existed From <u>2013</u> To <u>Present</u>

Debtor 1
Debtor 2**LUMARY****Cesar****D****Santiago
Renna**

First Name

Middle Name

Last Name

Case number (if known) _____

Name _____

Number Street _____

City State ZIP Code _____

Describe the nature of the business**Employer Identification number**

Do not include Social Security number or ITIN.

EIN: ____ - _____

Name of accountant or bookkeeper**Dates business existed**

From _____ To _____

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

No

Yes. Fill in the details below.

Date issued

Name _____ MM / DD / YYYY _____

Number Street _____

City State ZIP Code _____

Debtor 1
Debtor 2

LUMARY	Santiago
Cesar	Renna
First Name	Middle Name
	Last Name

Case number (*if known*) _____**Part 12:** Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X _____
 /s/ LUMARY Santiago
 Signature of LUMARY Santiago, Debtor 1

X _____
 /s/ Cesar D Renna
 Signature of Cesar D Renna, Debtor 2

Date 09/17/2018 _____

Date 09/17/2018 _____

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

 No Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

 No Yes. Name of person _____

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: Ocwen Loan Servicing, Llc	<input type="checkbox"/> Surrender the property. <input type="checkbox"/> Retain the property and redeem it. <input checked="" type="checkbox"/> Retain the property and enter into a <i>Reaffirmation Agreement</i> . <input type="checkbox"/> Retain the property and [explain]: _____	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Description of property securing debt: 8412 Pamlico St Orlando, FL 32817		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in **Schedule G: Executory Contracts and Unexpired Leases** (Official Form 106G), fill in the information below. Do not list real estate leases. **Unexpired leases** are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X

/s/ LUMARY Santiago

Signature of Debtor 1

X

/s/ Cesar D Renna

Signature of Debtor 2

Date 09/17/2018
MM/ DD/ YYYY

Date 09/17/2018
MM/ DD/ YYYY

**United States Bankruptcy Court
Middle District of Florida**

In re

Santiago, LUMARY

Case No. _____

Renna, Cesar D

Chapter _____ 7 _____

Debtor(s)**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$2,885.00
Prior to the filing of this statement I have received	\$2,885.00
Balance Due	\$0.00

2. The source of the compensation to be paid to me was:

Debtor Other (specify)

3. The source of compensation to be paid to me is:

Debtor Other (specify)

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor' s financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

09/17/2018

Date

/s/ Rachel Alvarez

Signature of Attorney

Rachel Alvarez

Name of law firm

Fill in this information to identify your case:

Debtor 1	LUMARY	Santiago	
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	Cesar	D	Renna
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	Middle District of Florida		
Case number (if known)			

 Check if this is an amended filing**Statement for Santiago, LUMARY****Official Form 122A-1Supp****Statement of Exemption from Presumption of Abuse Under § 707(b)(2)**

12/15

File this supplement together with **Chapter 7 Statement of Your Current Monthly Income** (Official Form 122A-1), if you believe that you are exempted from a presumption of abuse. Be as complete and accurate as possible. If two married people are filing together, and any of the exclusions in this statement applies to only one of you, the other person should complete a separate Form 122A-1 if you believe that this is required by 11 U.S.C. § 707(b)(2)(C).

Part 1: Identify the Kind of Debts You Have

1. **Are your debts primarily consumer debts?** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." Make sure that your answer is consistent with the answer you gave at line 16 of the **Voluntary Petition** (Official Form 101).

No. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

Yes. Go to Part 2.

Part 2: Determine Whether Military Service Provisions Apply to You

2. **Are you a disabled veteran** (as defined in 38 U.S.C. § 3741(1))?

No. Go to line 3.

Yes. Did you incur debts mostly while you were on active duty or while you were performing a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1).

No. Go to line 3.

Yes. Go to Form 122A-1; on the top of page 1 of that form, check box 1, *There is no presumption of abuse*, and sign Part 3. Then submit this supplement with the signed Form 122A-1.

3. Are you or have you been a Reservist or member of the National Guard?

- No. Complete Form 122A-1. Do not submit this supplement.
- Yes. Were you called to active duty or did you perform a homeland defense activity? 10 U.S.C. § 101(d)(1); 32 U.S.C. § 901(1)

 No. Complete Form 122A-1. Do not submit this supplement. Yes. Check any one of the following categories that applies:

- I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty.
- I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on _____, which is fewer than 540 days before I file this bankruptcy case.
- I am performing a homeland defense activity for at least 90 days.
- I performed a homeland defense activity for at least 90 days, ending on _____, which is fewer than 540 days before I file this bankruptcy case.

If you checked one of the categories to the left, go to Form 122A-1. On the top of page 1 of Form 122A-1, check box 3, *The Means Test does not apply now*, and sign Part 3. Then submit this supplement with the signed Form 122A-1. You are not required to fill out the rest of Official Form 122A-1 during the exclusion period. The *exclusion period* means the time you are on active duty or are performing a homeland defense activity, and for 540 days afterward. 11 U.S.C. § 707(b)(2)(D)(ii).

If your exclusion period ends before your case is closed, you may have to file an amended form later

Debtor 1	LUMARY	Santiago
	First Name	Middle Name
	Last Name	
Debtor 2 (Spouse, if filing)	Cesar	D
	First Name	Middle Name
	Last Name	
United States Bankruptcy Court for the:	Middle District of Florida	
Case number (if known)		

1. There is no presumption of abuse.
2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

- Not married. Fill out Column A, lines 2-11.
- Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.
- Married and your spouse is NOT filing with you. You and your spouse are:
- Living in the same household and are not legally separated. Fill out both Column A and B, lines 2-11.
 - Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A	Column B
Debtor 1	Debtor 2 or non-filing spouse

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

5. Net income from operating a business, profession, or farm

Debtor 1 Debtor 2

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

- _____

- _____

Net monthly income from a business, profession, or farm

Copy here → _____

6. Net income from rental and other real property

Debtor 1 Debtor 2

Gross receipts (before all deductions)

Ordinary and necessary operating expenses

- _____

- _____

Net monthly income from rental or other real property

Copy here → _____

7. Interest, dividends, and royalties

LUMARY Santiago
Cesar D Renna
First Name Middle Name Last Name

Case number (if known) _____

Column A
Debtor 1Column B
Debtor 2 or
non-filing spouse**8. Unemployment compensation**

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ↓

For you.....

For your spouse.....

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. _____**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

Total amounts from separate pages, if any.

+ _____

+ _____

= _____
Total current
monthly income**11. Calculate your total current monthly income.** Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.**Part 2: Determine Whether the Means Test Applies to You****12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11.....

Copy line 11 here → _____

Multiply by 12 (the number of months in a year).

X 12

12b. The result is your annual income for this part of the form.

12b. _____

13. Calculate the median family income that applies to you. Follow these steps:

Fill in the state in which you live. _____

Fill in the number of people in your household. _____

Fill in the median family income for your state and size of household.....

13. _____

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*

Go to Part 3.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.* Go to Part 3 and fill out Form 122A-2.**Part 3: Sign Below**

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ LUMARY Santiago

Signature of Debtor 1

X /s/ Cesar D Renna

Signature of Debtor 2

Date 09/17/2018
MM/DD/YYYYDate 09/17/2018
MM/DD/YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

IN RE: **Santiago, LUMARY**
Renna, Cesar D

CASE NO

CHAPTER 7

VERIFICATION OF CREDITOR MATRIX

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 09/17/2018 Signature /s/ LUMARY Santiago
LUMARY Santiago, Debtor

Date 09/17/2018 Signature /s/ Cesar D Renna
Cesar D Renna, Joint Debtor

Aloma Square WP
6525 3rd St #409
Rockledge, FL 32955

Alphera Financial Serv
Po Box 3608
Dublin, OH 43016

Capital One/Dress Barn
15000 Capital One Dr
Richmond, VA 23238

Chase
cardmember services
PO BOX 1423
Charlotte, NC 28201

Chase Card Services
Po Box 15298
Wilmington, DE 19850

Citibank North America
Po Box 6497
Sioux Falls, SD 57117

Citibank/Best Buy
50 Northwest Point Road
Elk Grove Village, IL 60007

Citibank/The Home Depot
Po Box 6497
Sioux Falls, SD 57117

Citicards
Po Box 6241
Sioux Falls, SD 57117

Comenity Bank/Lane Bryant
Po Box 182789
Columbus, OH 43218

Comenity Bank/TSA
Po Box 182789
Columbus, OH 43218

Comenity Bank/Victoria
Secret
Po Box 182789
Columbus, OH 43218

Credit First National Assoc
6275 Eastland Rd
Brookpark, OH 44142

Fairwinds Credit Union
135 W Central Blvd
Orlando, FL 32801

First Premier Bank
3820 N Louise Ave
Sioux Falls, SD 57107

Hart Properties II, Ltd.
noble management company
4280 Professional Center Drive 100
Palm Beach Gardens, FL 33410

IRS
2970 Market St.
Philadelphia, PA 19104

Kohls/Capital One
N56 W 17000 Ridgewood Dr
Menomonee Falls, WI 53051

Marlin Leasing Corporation
billing department
11218 Lukanotos Trail
Orlando, FL 32817

Noble Management Company
Noble Management Company
4280 Professional Center Drive 100
Palm Beach Gardens, FL 33410

Ocwen Loan Servicing, LLC
1661 Worthington Rd
West Palm Beach, FL 33409

Orlando Health-Winnie
Palmer Hospital
Billing
83 West Miller Street
Orlando, FL 32806

Real Time Resolutions
1525 S Beltline
Coppell, TX 75019

Syncb/mohawk
C/o Po Box 965036
Orlando, FL 32896

Synccb/Music
950 Forrer Blvd
Kettering, OH 45420

Synchrony Bank/ JC Penneys
Po Box 965007
Orlando, FL 32896

Synchrony Bank/Care Credit
950 Forrer Blvd
Kettering, OH 45420

Synchrony Bank/Lowes
Po Box 956005
Orlando, FL 32896

Synchrony Bank/Sams
Po Box 965005
Orlando, FL 32896

Synchrony Bank/Sams Club
Po Box 965005
Orlando, FL 32896

Synchrony Bank>Select
Comfort
C/o Po Box 965036
Orlando, FL 32896

Synchrony Bank/TJX
Po Box 965015
Orlando, FL 32896

Synchrony Bank/Walmart
Po Box 965024
Orlando, FL 32896

Synchrony/Ashley Furniture
Homestore
950 Forrer Blvd
Kettering, OH 45420

Target
Po Box 673
Minneapolis, MN 55440

Visa Dept Store National
Bank/Macy's
Po Box 8218
Mason, OH 45040